

TAX EXEMPTION APPLICATION FOR RELIGIOUS ORGANIZATIONS

Name of Organization: _____

Mailing Address: _____

Representative of Organization: _____

Phone: _____ Email: _____

Date Incorporated with Secretary of State: _____

Property Location: _____

TAX EXEMPTION NUMBERS:

State Tax #: _____ Federal Tax #: _____

PERTINENT INFORMATION:

Where are Services held? _____

How Often Services Held? _____

How many Members in the Organization? _____

Is Organization Non-Profit? ☐ Yes ☐ No Does it Have Ecclesiastical Government? ☐ Yes ☐ No

Does it have a formal Code of Doctrine and Discipline? ☐ Yes ☐ No

Is there a prescribed study and school for Ministry? ☐ Yes ☐ No

Is there a school for children? ☐ Yes ☐ No Where? _____

Does it have a recognized Creed and Form of Worship? ☐ Yes ☐ No

What would become of the property of such Organization in the event of Dissolution?

Any literature and religious history should be enclosed to aid the Assessor in the determination of tax liability to the Town.

DATE: _____

SIGNED: _____

TITLE: _____

****Must be signed by Treasurer or another Chief Financial Officer of Corporation****